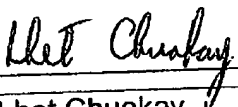


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	Fax. No.	(571) 273-8300
	Application No.	10/824,738
	Filing Date:	April 15, 2004
	Confirmation No.:	6732
	Examiner:	Peter G. O'Sullivan
	Art Unit:	1621
	Attorney Docket No.	P-097-US2
<b>From:</b>	<b>Theravance, Inc.</b>	
	Attorney:	Joyce G. Cohen
	Reg. No. :	44,622
	Customer No.:	27038
	Address:	901 Gateway Boulevard South San Francisco, California 94080
	Telephone No.:	(650) 808-6144
	Fax. No.:	(650) 808-6078
	<b>Date:</b>	April 3, 2006
<b>No. of Pages :</b>	16 (including this page)	
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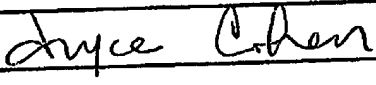
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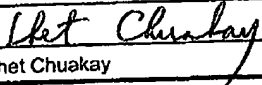
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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/824,738	
	Filing Date	April 15, 2004	
	First Named Inventor	Jason P. CHINN	
	Art Unit	1621	
	Examiner Name	Peter G. O'Sullivan	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Theravance, Inc.		
Signature			
Printed Name	Joyce G. Cohen		
Date	April 3, 2006	Reg. No.	44,622

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## FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 0

Complete if Known

Application Number	10/824,738
Filing Date	April 15, 2004
First Named Inventor	Jason P. CHINN
Examiner Name	Peter G. O'Sullivan
Art Unit	1621
Attorney Docket No.	P-097-US2

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)  
 Each independent claim over 3 (including Reissues)  
 Multiple dependent claims

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
5	-20 or HP= 0	x 50 =	0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
1	- 3 or HP= 0	x 200 =	0

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____	(round up to a whole number) x	_____

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

### SUBMITTED BY

Signature	<i>Joyce G. Cohen</i>	Registration No. (Attorney/Agent)	44,622	Telephone	(650)8086144
Name (Print/Type)	Joyce G. Cohen	Date	April 3, 2006		

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL  
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 0**Complete If Known**

Application Number	10/824,738
Filing Date	April 15, 2004
First Named Inventor	Jason P. CHINN
Examiner Name	Peter G. O'Sullivan
Art Unit	1621
Attorney Docket No.	P-097-US2

**COPY****METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-0344 Deposit Account Name: Theravance, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
5	-20 or HP= 0	x 50 =	0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	- 3 or HP= 0	x 200 =	0

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____	(round up to a whole number) x	= _____

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Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature	<i>Joyce G. Cohen</i>	Registration No. (Attorney/Agent)	44,622	Telephone	(650)8086144
Name (Print/Type)	Joyce G. Cohen	Date	April 3, 2005		

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Lhet Chuakay

Patent

Attorney Docket No.: P-097-US2

Customer No. 27038

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Jason P. CHINN et al.

Serial No.: 10/824,738

Filed: April 15, 2004

For: SODIUM CHANNEL  
MODULATORS

)  
) Confirmation No. 6732  
)  
) Group Art Unit: 1621  
)  
) Examiner: Peter G. O'Sullivan  
)  
)  
)  
)  
)

AMENDMENT AND RESPONSE PURSUANT TO 37 C.F.R. § 1.111

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicants respectfully submit the following amendments and remarks in response to the Office Action mailed on January 12, 2006, for which a three month response period was designated. Therefore, this response is considered timely filed on or before April 12, 2006.

Amendments to the Claims start on page 2.

The Remarks section starts on page 5.